

PROPOSED INITIAL CONSTRUCTION PHASE

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May 1987

New England
Deaconess
Hospital

PROPOSED REPLACEMENT PROJECT FOR
NEW ENGLAND DEACONESS HOSPITAL, BOSTON, MASSACHUSETTS

PAYETTE ASSOCIATES INC.
ARCHITECTS/PLANNERS

INTRODUCTION

The attached is a summary of the Initial Construction Phase developed as part of the Long Range Facilities Master Plan for the New England Deaconess Hospital. This initial building phase is guided by all of the LONG RANGE GOALS AND PLANNING PRINCIPLES identified in the Master Plan document including:

- Replacement of the obsolete patient care facilities.
- Growth Potential: Working within the long range site zoning plan in order to make maximum use of the existing patient care facilities.
- Enhance the quality of pedestrian spaces.
- Clarify access to the Deaconess Hospital

IMPACT AND BENEFITS OF THE PROPOSED PROJECT

The following discussions and diagrams describe the proposed first phase of the recommended future development of the New England Deaconess Hospital. It is the Hospital's conviction that the proposed plan Phase I project and the goals established in the Master Plan and this proposed facility are a significant benefit to the physical environment of the facility and especially the Longwood Medical Area. Whatever challenges or difficulties may exist are overcome and outweighed by substantial environmental benefits:

IMPACTS OF PROPOSED PROJECT:

- Traffic and Parking: Through 1992, there will be a small amount of additional visits to the Hospital (100 patients per day) and a negligible additional parking demand (20 cars). The parking policy of the Hospital for the next several years will be one of moving parking for staff off-site in order to make room for parking for patients.
- Pilgrim Road: Closing Pilgrim Road will deflect visitors from Pilgrim Road to Deaconess Road. Building links across Pilgrim Road could be interpreted as a liability, but taking into account the overall benefits and impact of the proposed project, it clearly stands as a benefit. While it does close the road, it eliminates a real conflict of pedestrians and vehicles on the portion of road that is closed and returns it to pedestrian use.

BENEFITS OF PROPOSED PROJECT:

- Open Space: The Hospital's long range goal will be to maintain open pedestrian and green spaces along Pilgrim Road and vistas to the Riverway.
- Pilgrim Road along with Joslin Park: These areas will be restored to more pedestrian use. Pilgrim Road will be developed into a pedestrian green space.
- Brookline Commercial: The deteriorating and unsightly commercial along Brookline Avenue will be replaced - a significant visual plus.
- Deaconess Service Entry: It will be the long range goal of the Hospital to eliminate service traffic from its present location off Brookline Avenue - a traffic plus.
- Accessibility: The new entry to the Hospital, off of Joslin Park, will clarify the access and the front door of the Hospital.

RECOMMENDATION

Design benefits of the immediate project and the Long Range goals stated in the Hospital's Master Plan are a clear benefit to the Longwood Medical Area and the City of Boston for all of the above reasons. The benefits clearly outweigh and overcome the planning challenges presented by closing Pilgrim Road. The new building will promote new open pedestrian spaces and improve the quality of the visual environment along Brookline Avenue and Joslin Park. The project deserves to be considered for approval.

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APPENDIX A

SITE SELECTION OPTIONS: INITIAL BUILDING PHASE

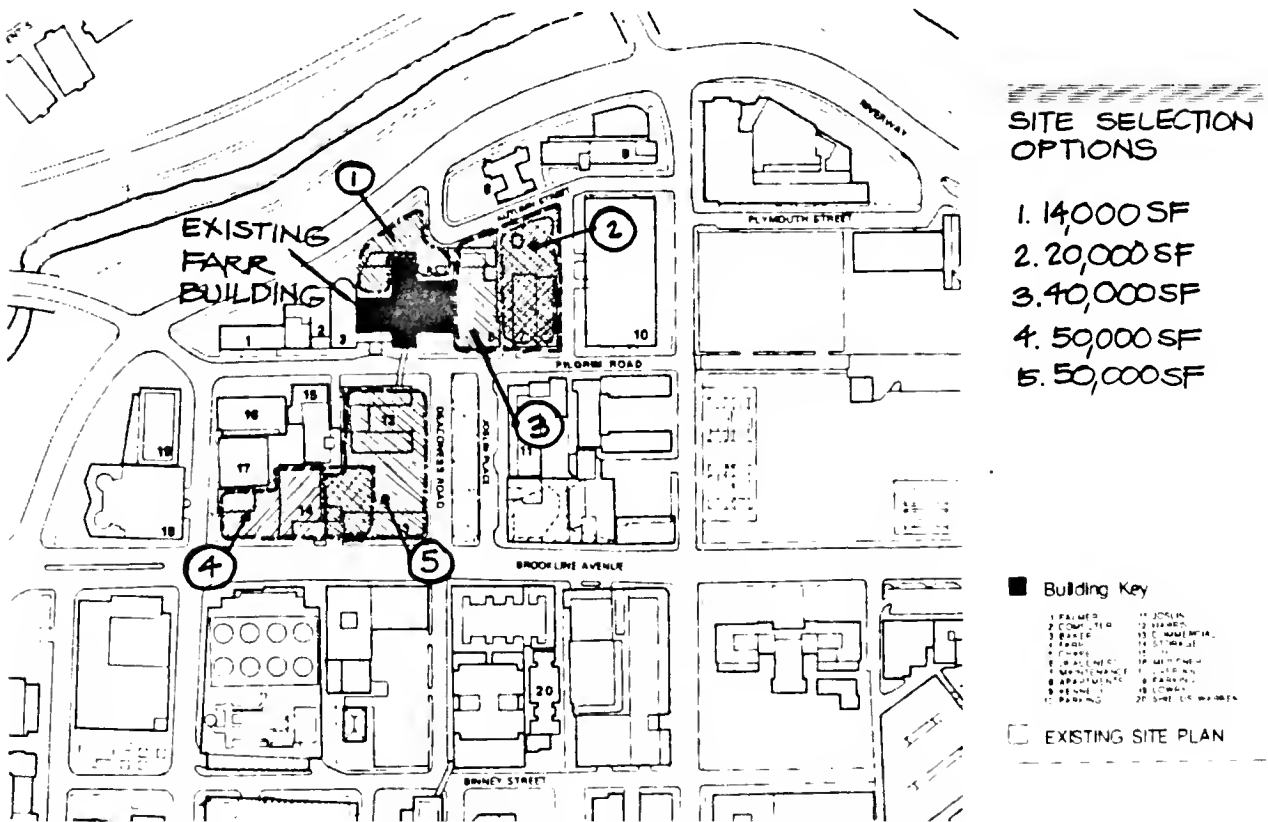
NEW ENGLAND DEACONESS HOSPITAL NEW PATIENT FACILITY

SITE SELECTION OPTIONS: INITIAL BUILDING PHASE

The New England Deaconess Hospital commissioned Marvin Bostin, its medical planner, to perform an in-depth analysis of the Hospital's program space. Based upon this analysis and the Hospital's facilities master plan, the Hospital has identified several major program space deficiencies. Three of the most pressing needs were identified as (i) a new X-Ray and Radiology Department, (ii) a new surgical suite, and (iii) the replacement of obsolete inpatient beds within the older Palmer and Baker Buildings.

Based upon these targeted needs, the Hospital generated the following criteria in choosing a viable site for the construction of new facility.

1. Footprint: The X-Ray and Surgery Departments each must be completely contained on one floor, and each requires a minimum footprint of 50,000 GSF.
2. Growth: The site must afford the potential for future growth of these major clinical services.
3. Proximity: The new site must be proximate to the Farr Building, an existing 11 story patient care building. The new building would continue to use the Farr elevator core.
4. Cost: It must be the least expensive project to satisfy the Hospital's program needs. There are limits to Hospital borrowing and what can be passed on to the patients.



OPTION I

Riverway: This 14,000 SF option is too small and would encroach on the Riverway "green belt" easement.

OPTION II

Laundry building: This 20,000 SF site is too small, has limited future growth potential, and would add to the program the cost of demolishing the laundry maintenance building (\$5 Million).

OPTION III

Laundry/Maintenance Building, Deaconess Buildings: This site, 40,000 SF, is marginally large enough and would either require:

- 1) the demolition of 90,000 SF of space at a cost of \$27 million; or
- 2) building over these two buildings with some large span structure at an added cost of \$4.2 million (and interrupting its operation for a minimum of 2-3 months).

However, this site offered no future horizontal growth potential for X-Ray and Surgery. Access to new departments would be through existing inpatient nursing units at 4-5 floors. This would be unacceptable as it would create a large flow of public traffic past patient bedrooms. In order to build over the Deaconess Building, it would be necessary to construct columns to penetrate the building. This would cause the interruption of several key patient departments, i.e. Cardiology, Patient Holding Area, X-Ray, Surgery and Renal Dialysis.

OPTION IV

Materiel Center/ Brookline Avenue Commercial:

While this has an adequate footprint, its location is too remote from the Farr patient care facility and the Farr elevator core.

OPTION V

Deaconess Road between Pilgrim Road and Brookline Avenue:

This is the only viable solution. It has an adequate ground floor footprint (50,000 SF), and is in the center of the largest single parcel of undeveloped land at the Deaconess, offering the greatest future growth potential for major new clinical services. It will enable the Hospital to address its current needs while fulfilling its long term planning objectives identified in the Hospital's Master Plan. It allows replacement of the deteriorating commercial properties on Brookline Avenue. It is proximate to the Farr patient care

facility and can be easily linked to the Farr elevator core serving all existing patient floors. It also offers the opportunity to create a highly visible new Hospital entry and the upgrading of Joslin Park.

Option V represents the best immediate and long range choice of sites for patient related medical facilities and an opportunity to enhance to quality of pedestrian use of Pilgrim Road.

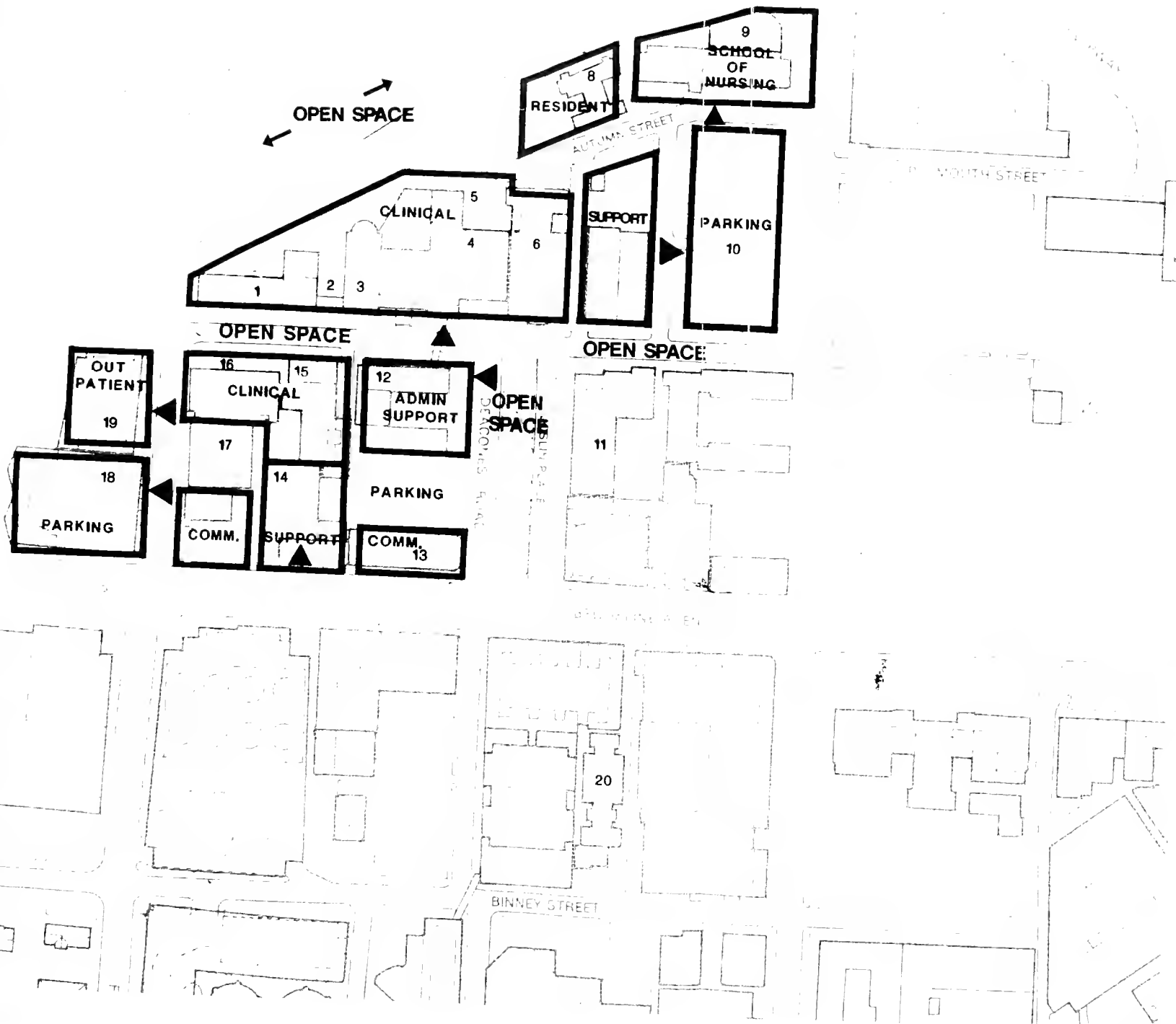
APPENDIX B

EXISTING AND PROPOSED SITE ZONING

FIGURE 1

EXISTING USE SITE PLAN

PROPOSED USE AND OPEN SPACE



Building Key

- | | |
|---------------|-------------------|
| 1 PALMER | 11 JOSLIN |
| 2 COMPUTER | 12 HARRIS |
| 3 BAKER | 13 COMMERCIAL |
| 4 FARR | 14 STORAGE |
| 5 CHAPEL | 15 C.R.I. |
| 6 DEACONESS | 16 MEISSNER |
| 7 MAINTENANCE | 17 OVERHOLT |
| 8 RIVERWAY | 18 PARKING |
| 9 KENNEDY | 19 LOWRY |
| 10 PARKING | 20 SHIELDS WARREN |

NEW ENGLAND DEACONESS HOSPITAL

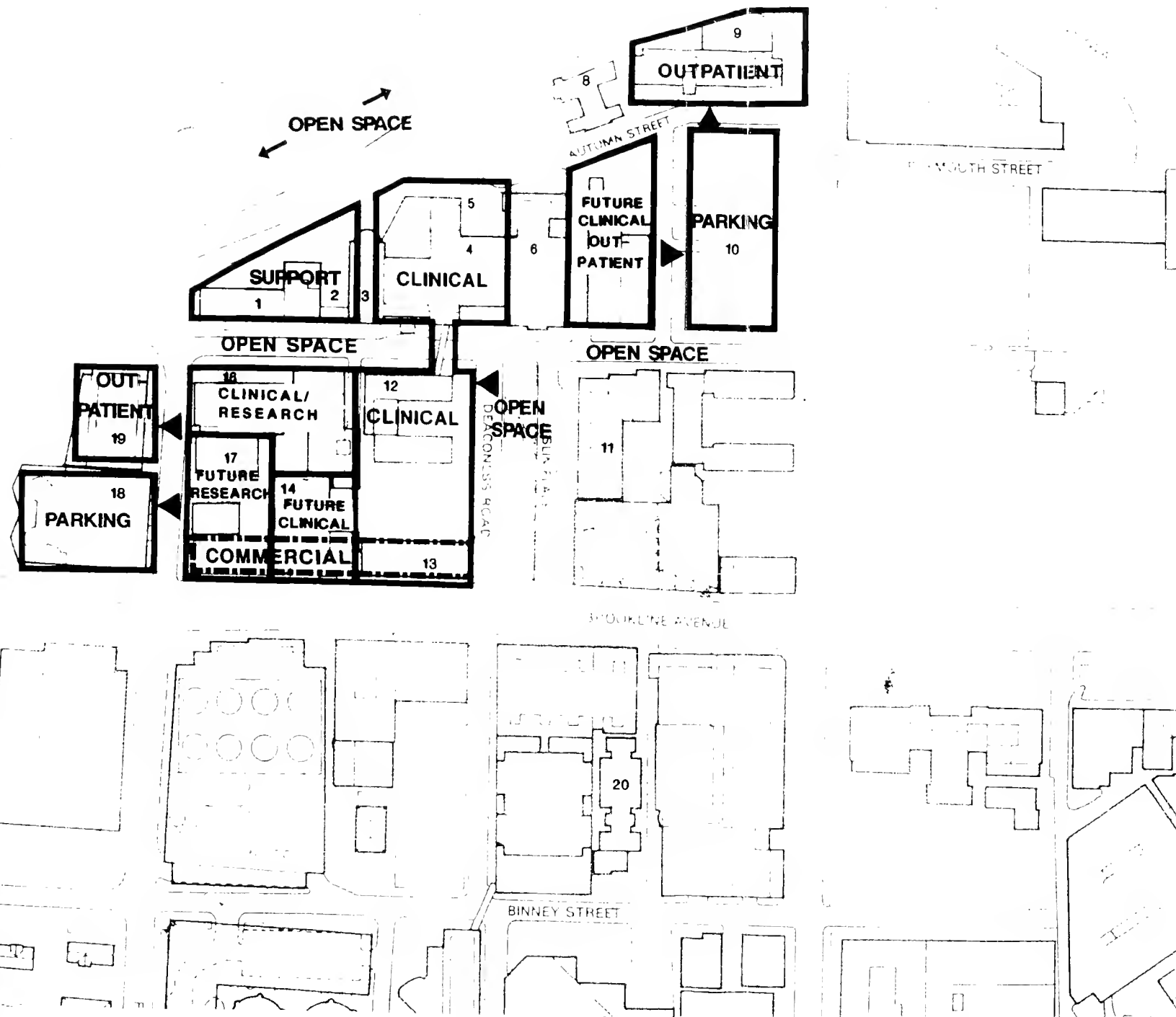
PAYETTE ASSOCIATES/M. BOSTIN ASSOCIATES

0 50 150ft.

FIGURE 2

MASTER SITE PLAN

PROPOSED USE AND OPEN SPACE



Building Key

- | | |
|---------------|-------------------|
| 1 PALMER | 11 JOSLIN |
| 2 COMPUTER | 12 HARRIS |
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| 4 FARR | 14 STORAGE |
| 5 CHAPEL | 15 C.R.I. |
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NEW ENGLAND DEACONESS HOSPITAL

PAYETTE ASSOCIATES/M. BOSTIN ASSOCIATES

0 50 150ft.

FIGURE 3 PHASE 1 (1990)

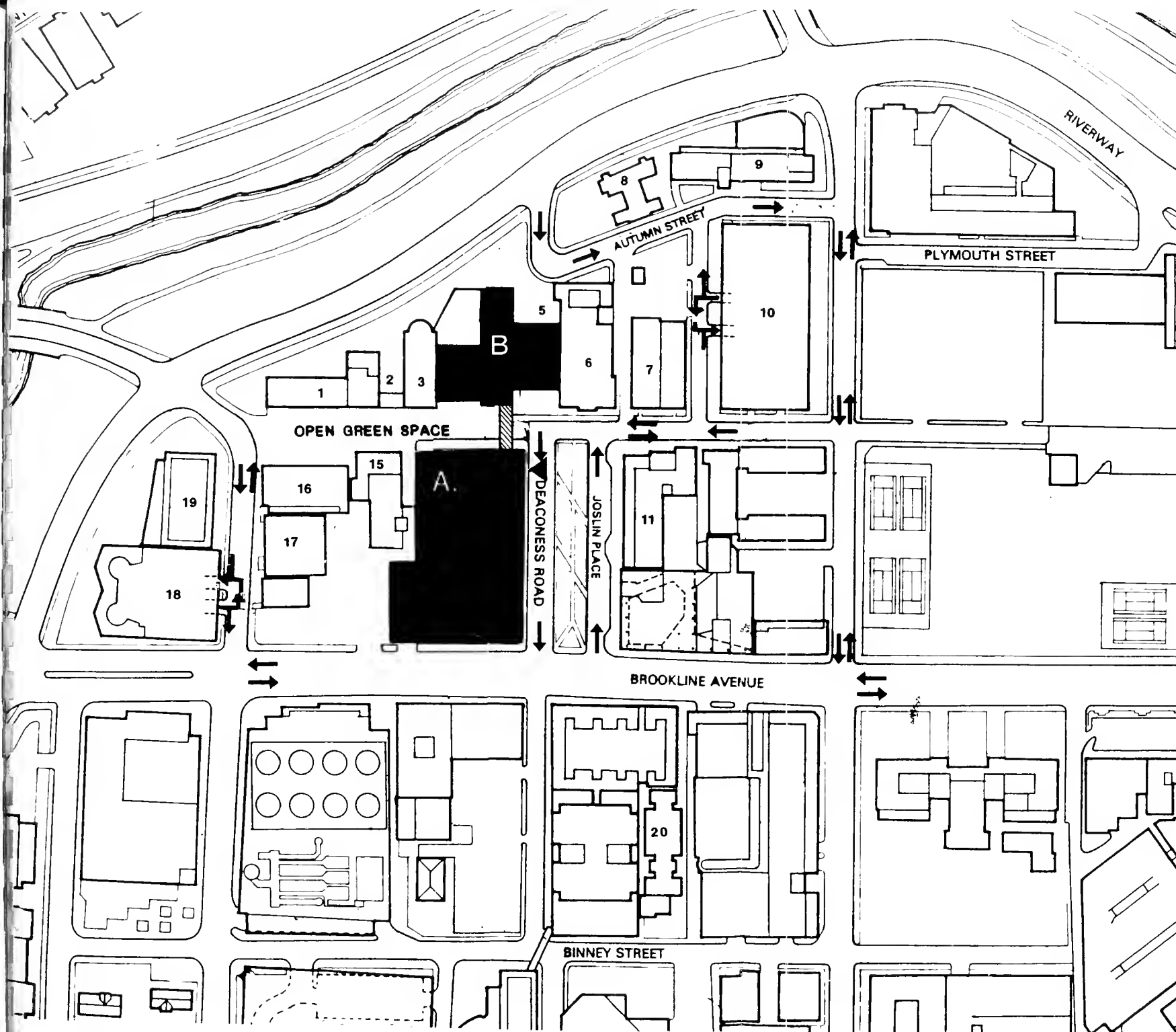
SITE PLAN

A. NEW PATIENT FACILITY

B. EXISTING PATIENT FACILITY

◀ HOSPITAL DROPOFF AND ENTRY

ARROWS INDICATE PROPOSED
TRAFFIC DIRECTIONS



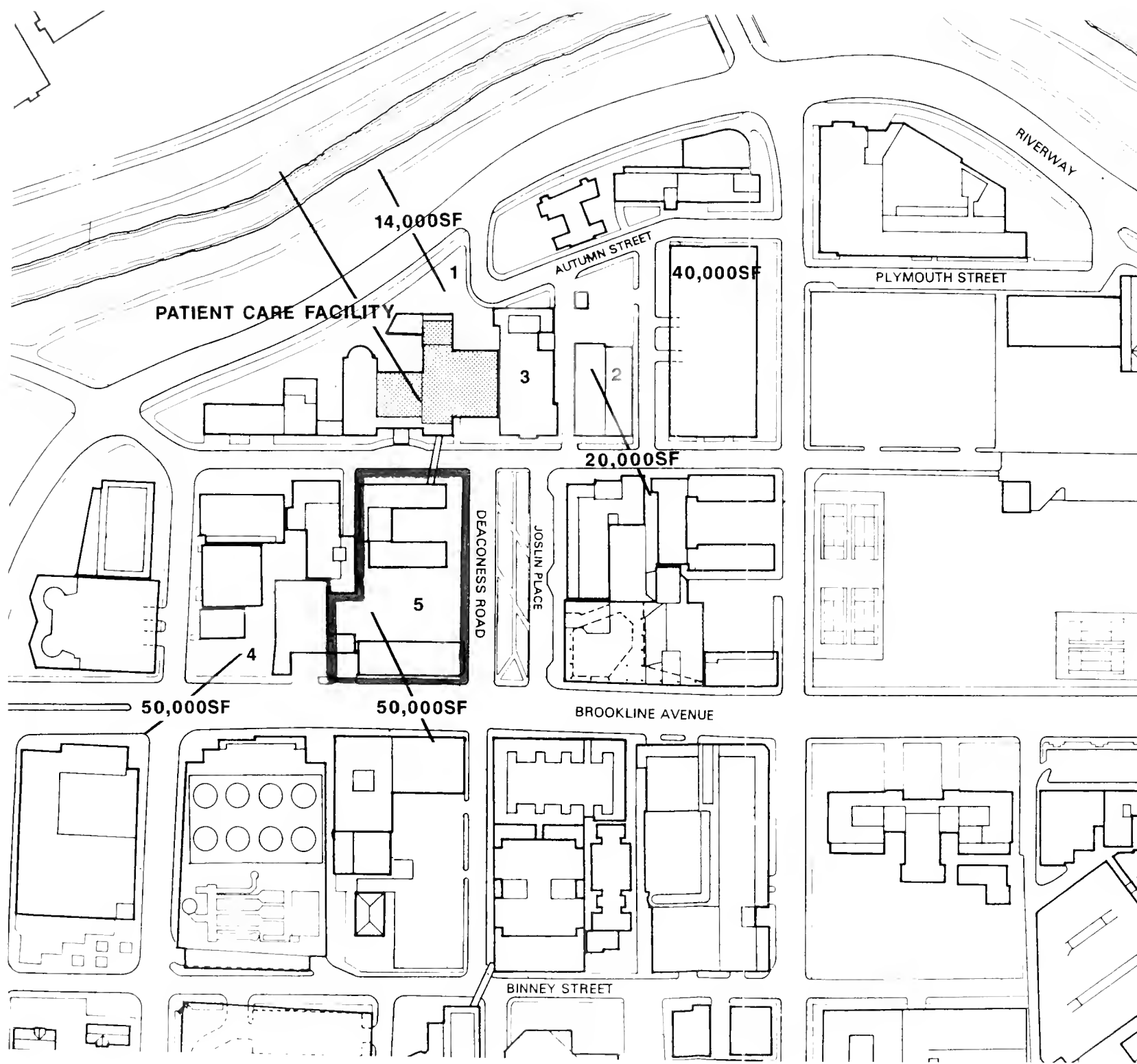
Building Key

- | | |
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0 50 150ft.



SITE SELECTION OPTIONS

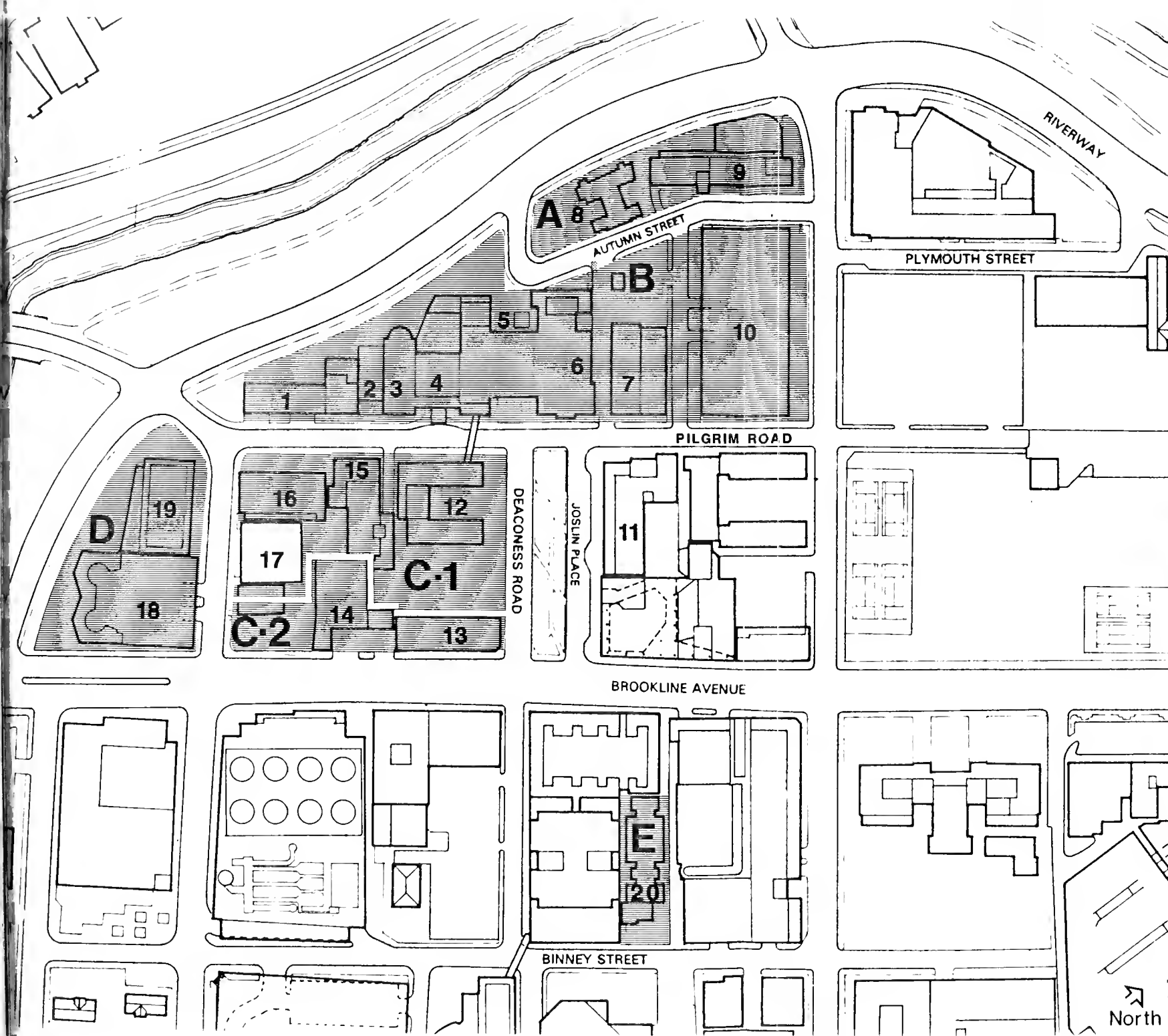
1. 14,000SF
2. 20,000SF
3. 40,000SF
4. 50,000SF
5. 50,000SF

FIGURE 4

CONCEPTUAL RENDERING



APPENDIX C
EXISTING SITE AND FACILITIES ANALYSIS



Property Ownership

■ NEDH Property

Existing Gross Square Feet			Floor Area Ratio	
Parcel	Parcel	Buildings	Existing	Permitted
A	40,765	118,000	2.89:1	2:1
B	167,815	631,855	3.76:1	2:1
C-1	66,000	154,361	2.34:1	2:1
C-2	32,223	15,000	.46:1	1:1
D	57,419	216,000	3.76:1	2:1
E	11,699	43,000	3.67:1	3:1

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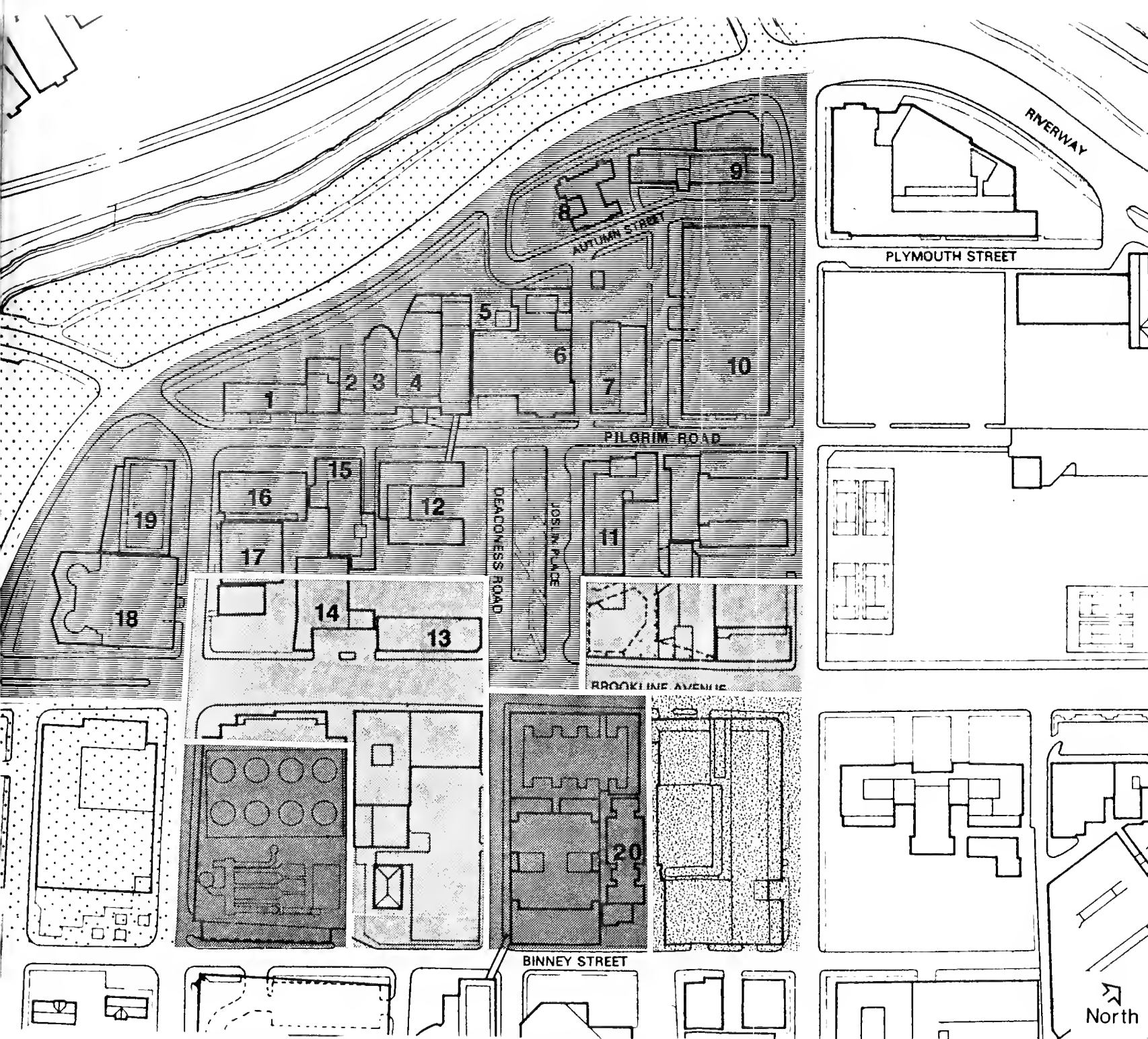


PAYETTE ASSOCIATES/M. BOSTIN ASSOCIATES






0 50 150ft.

2.2.3





Zoning

-  H-1
-  H-2
-  L-1
-  H-3D
-  B-4

Building Key

- | | |
|---------------|-------------------|
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0 50 150ft.

North

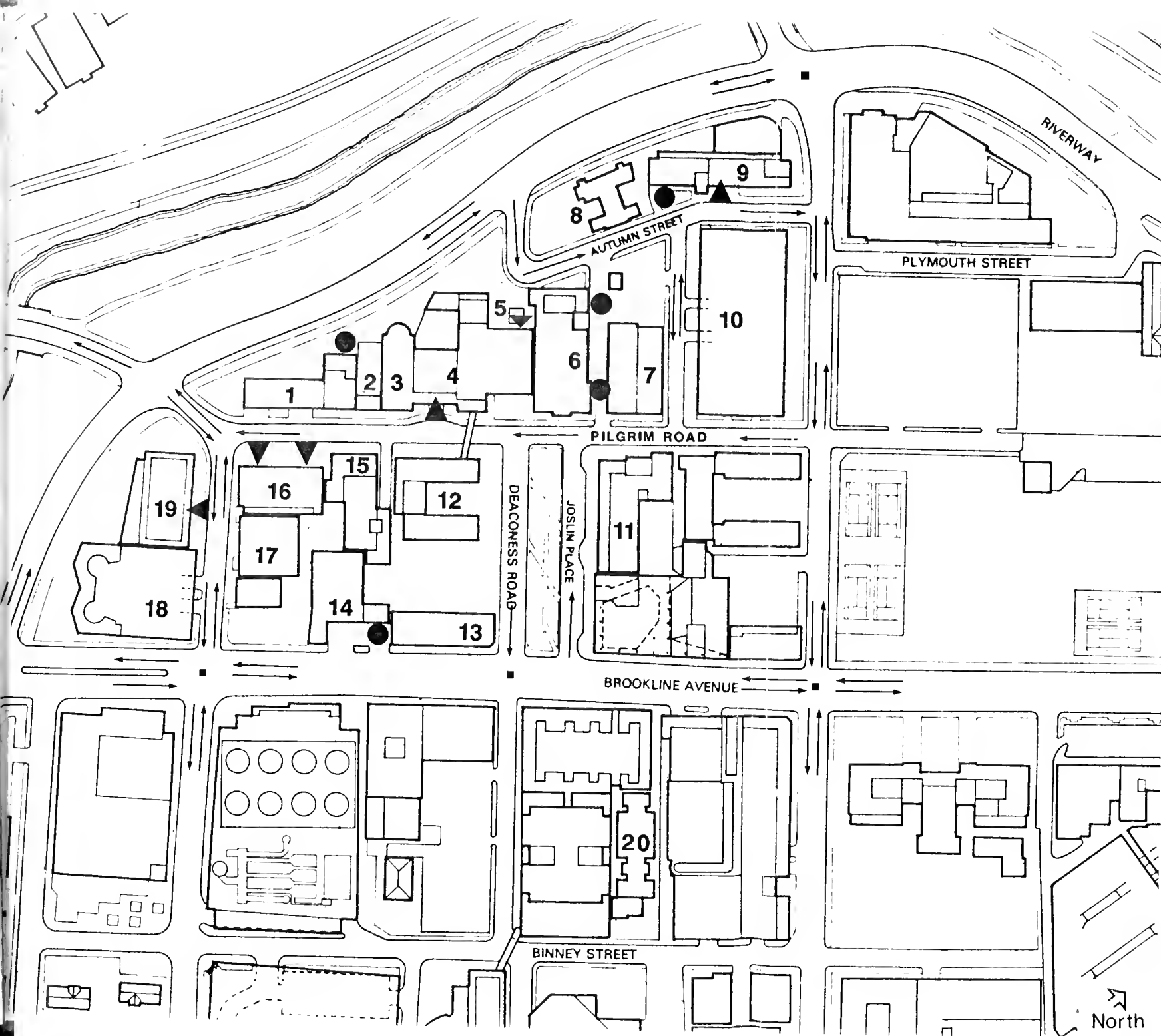
Zoning

		Maximum Heights (Feet/Stories)	FAR Maximum	Front Yard Setback	Side Yard Setback
	H-1	none/none	1.0	25'	*
	H-2	none/none	2.0	20'	*
	L-1	35'/3	1.0	10'	none
	H-3D	none/none	3.0	15'	*
	B-4	none/none	4.0	0'	none

* 10' plus one twentieth of the wall parallel to side lot line

"D" after H-3 means that this is a planned development area

Site Circulation



- Delivery/Service
- ▲ Primary Pedestrian Entry
- ▲ Secondary Pedestrian Entry
- Traffic Lights

Building Key

- | | |
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
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0 50 150ft.

2.2.6



Parking

-  On Grade Parking
-  Parking Garage
-  Metered

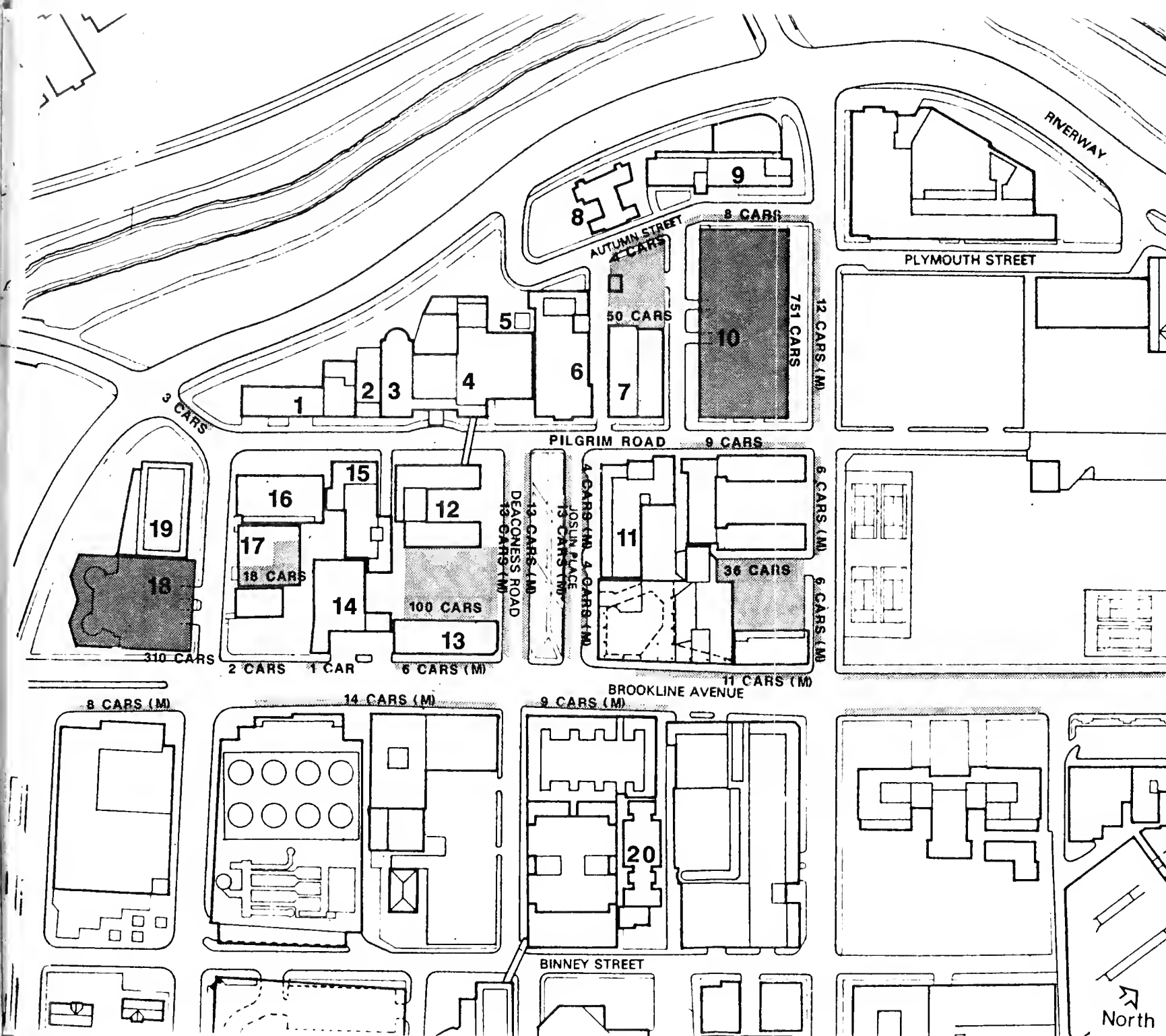
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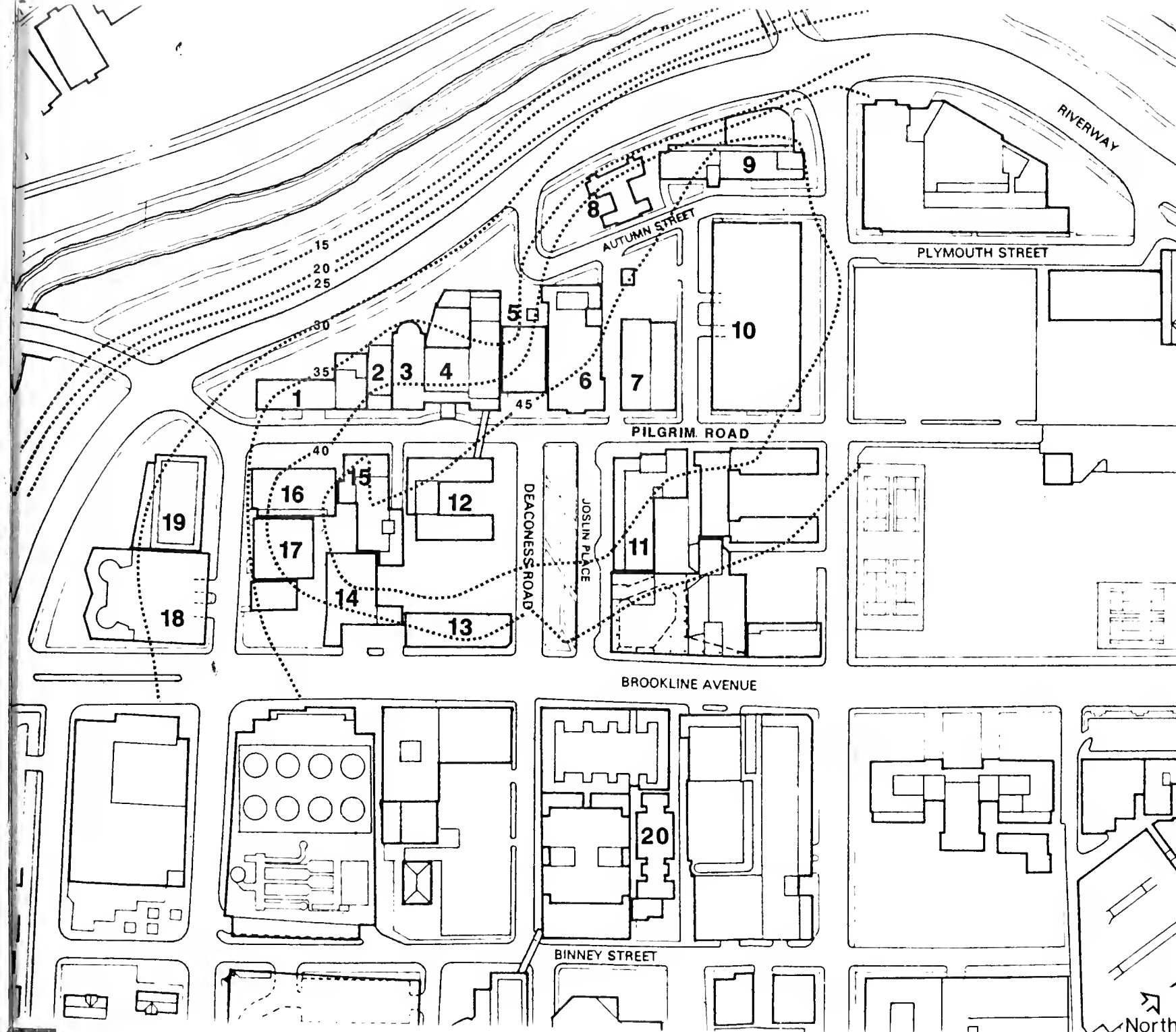
PAYETTE ASSOCIATES/M. BOSTIN ASSOCIATES

0 50 150ft.

2.2.7



Topography



Building Key

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PAYETTE ASSOCIATES/M. BOSTIN ASSOCIATES

0 50 150ft.

2.2.9

North

Building Quality

-  Significant Deficiencies
-  Moderate Deficiencies
-  Good Condition

Building Key

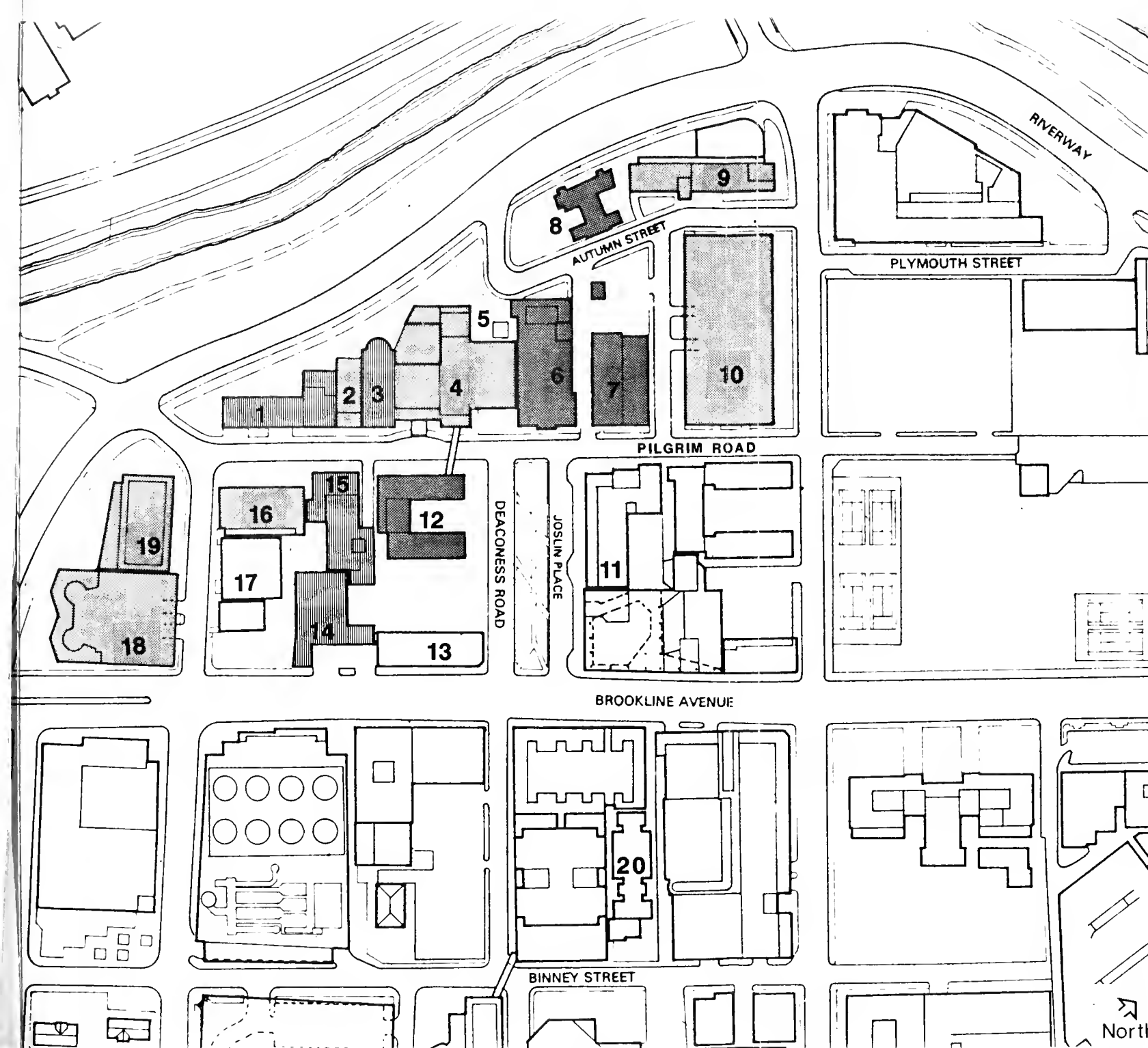
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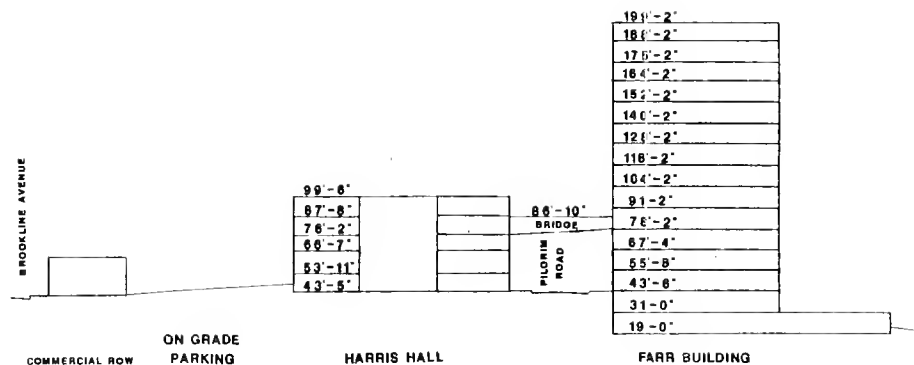
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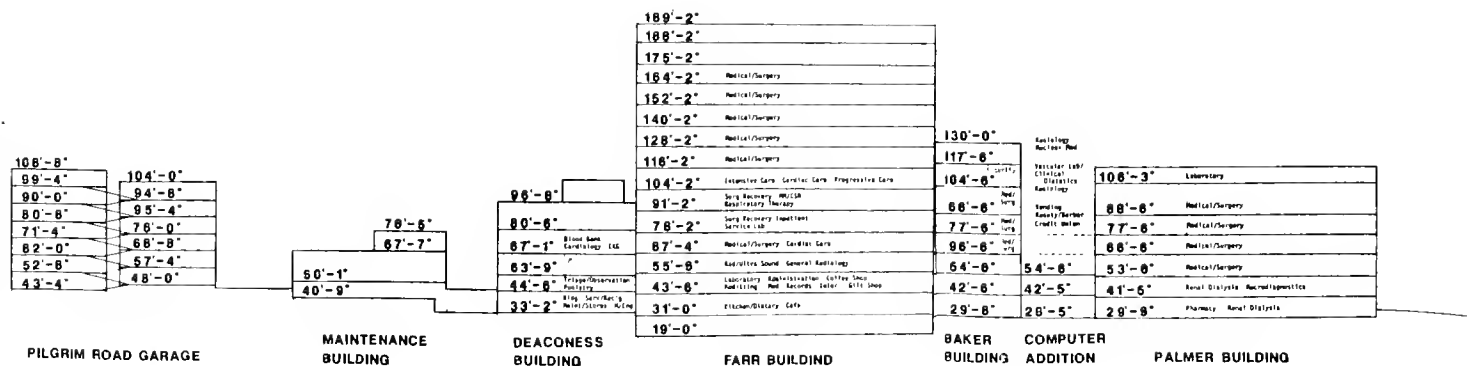


Site Sections

SECTION A



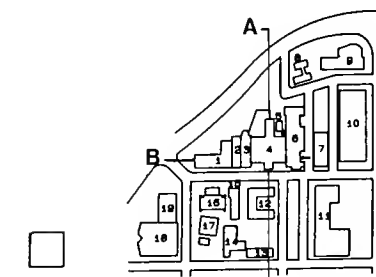
SECTION B



Building Key

- | | |
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Key Plan



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0 50 150ft.

2.2.10

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